

**TRAVEL EXPENSE CLAIM**

STD. 262 (REV. 7/2005)

See Instructions and \*Privacy  
Statement On Reverse SidePage 1 of 1 Pages

|  |  |  |                                       |  |  |   |  |  |
|--|--|--|---------------------------------------|--|--|---|--|--|
| CLAIMANT'S NAME<br>Claire Pomeroy, MD, MBA |  |  | SSN or EMPLOYEE NUMBER*<br>[REDACTED] |  |  | DEPARTMENT  |  |  |
| POSITION<br>Vice Chancellor/Dean           |  |  | CB/ID No.                             |  |  | DIVISION or BUREAU<br>UC Davis School of Medicine |  |  |
| RESIDENCE ADDRESS *<br>[REDACTED]          |  |  | HEADQUARTERS ADDRESS<br>[REDACTED]    |  |  | TELEPHONE NUMBER                                  |  |  |
| CITY<br>[REDACTED]                         |  |  | STATE<br>[REDACTED]                   |  |  | ZIP CODE<br>[REDACTED]                            |  |  |
| CITY<br>Sacramento                         |  |  | STATE<br>CA                           |  |  | ZIP CODE<br>95817                                 |  |  |

| (1) MONTH/YEAR      |  | (3)<br>LOCATION<br>WHERE EXPENSES<br>WERE INCURRED | (4)<br>LODGING | (5) MEALS      |       |  | (6)<br>INCIDENTALS | (7) TRANSPORTATION       |                     |                                      |                        | (8)<br>BUSINESS<br>EXPENSE | (9)<br>TOTAL<br>EXPENSES<br>FOR DAY |        |
|---------------------|--|--|----------------|----------------|-------|--|--------------------|--------------------------|---------------------|--------------------------------------|------------------------|----------------------------|-------------------------------------|--------|
| (2)<br>DATE    TIME |  |  |                | BREAK-<br>FAST | LUNCH | O.T., L/T,<br>N/C, RELO.<br>OR<br>DINNER |                    | (A)<br>COST OF<br>TRANS. | (B)<br>TYPE<br>USED | (C)<br>CARFARE,<br>TOLLS,<br>PARKING | (D)<br>PRIVATE CAR USE |                            |                                     |        |
|                     |  |  |                |                |       |  |                    |                          |                     |                                      | MILES                  |                            |                                     | AMOUNT |
| 3/9                 |  | Burlingame, CA                                     |                |                |       | 34.09 ✓                                  |                    |                          | 6.00 ✓              | 0.00                                 |                        | 40.09                      |                                     |        |
|                     |  |  |                |                |       |  |                    |                          |                     | 0.00                                 |                        | 0.00                       |                                     |        |
|                     |  |  |                |                |       |  |                    |                          |                     | 0.00                                 |                        | 0.00                       |                                     |        |
|                     |  |  |                |                |       |  |                    |                          |                     | 0.00                                 |                        | 0.00                       |                                     |        |
|                     |  |  |                |                |       |  |                    |                          |                     | 0.00                                 |                        | 0.00                       |                                     |        |
|                     |  |  |                |                |       |  |                    |                          |                     | 0.00                                 |                        | 0.00                       |                                     |        |
|                     |  |  |                |                |       |  |                    |                          |                     | 0.00                                 |                        | 0.00                       |                                     |        |
|                     |  |  |                |                |       |  |                    |                          |                     | 0.00                                 |                        | 0.00                       |                                     |        |
|                     |  |  |                |                |       |  |                    |                          |                     | 0.00                                 |                        | 0.00                       |                                     |        |
|                     |  |  |                |                |       |  |                    |                          |                     | 0.00                                 |                        | 0.00                       |                                     |        |
|                     |  |  |                |                |       |  |                    |                          |                     | 0.00                                 |                        | 0.00                       |                                     |        |
|                     |  |  |                |                |       |  |                    |                          |                     | 0.00                                 |                        | 0.00                       |                                     |        |
|                     |  |  |                |                |       |  |                    |                          |                     | 0.00                                 |                        | 0.00                       |                                     |        |
|                     |  |  |                |                |       |  |                    |                          |                     | 0.00                                 |                        | 0.00                       |                                     |        |
|                     |  |  |                |                |       |  |                    |                          |                     | 0.00                                 |                        | 0.00                       |                                     |        |
|                     |  |  |                |                |       |  |                    |                          |                     | 0.00                                 |                        | 0.00                       |                                     |        |
|                     |  |  |                |                |       |  |                    |                          |                     | 0.00                                 |                        | 0.00                       |                                     |        |
| (10) SUBTOTALS      |  |  | 0.00           | 0.00           | 0.00  | 34.09                                    | 0.00               | 0.00                     | 6.00                | 0.00                                 | 0.00                   | 0.00                       | 40.09                               |        |

CLAIM TOTAL

\$40.09 ✓

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

ICOC Meeting March 10, 2011 - BURLINGAME, CA

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

AGENCY ACCOUNTING OFFICE  
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE

3/15/11

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

3/30/11

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

DATE